



NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Invitation to Apply: Strategic Prevention Framework – Partnership for Success (SPF-PFS)

Applications due: November 24th, 2014 by 5:00pm EST



Introduction

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), NC DHHS, received an award from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), for a Strategic Prevention Framework-Partnerships for Success grant to address specified prevention priorities. The Division has chosen to focus on prescription drug misuse and abuse and selected prevention strategies that impact individuals aged 12 to 25.

According to the Centers for Disease Control and Prevention (CDC), nationally, sales of prescription painkillers per capita have quadrupled since 1999, and the number of fatal poisonings due to prescription painkillers has also quadrupled. Enough prescription painkillers were prescribed in 2010 to medicate every American adult continually for a month.

Based on data from 2013, North Carolina had the 30th highest drug overdose mortality rate in the United States, with 11.4 per 100,000 people suffering drug overdose fatalities, according to the report, *Prescription Drug Abuse: Strategies to Stop the Epidemic*. The number of drug overdose deaths in North Carolina- the majority of which are from prescription drugs - doubled from 1999 when the rate was 4.6 per 100,000.

The Strategic Prevention Framework-Partnerships for Success (SPF-PFS) program will build upon the experience and strengths of the Strategic Prevention Framework-based prevention infrastructures to address prescription drug misuse and abuse in communities identified as high need. The program is based on the premise that positive outcomes at the community level will, over time, lead to reduction in nonmedical use of prescription drugs at state level. The movement towards raising awareness about prescription drug misuse and abuse, and implementing strategies to curb them, is progressing; however, there is a critical need to strengthen these efforts in order to reach all populations and key sectors.

Eligibility

The North Carolina SPF-PFS will focus its efforts on individuals aged 12 through 25 that reside in selected counties that have been identified, based on specific criteria, as having a greater potential for prescription drug misuse and abuse. Criteria for potential participation in this grant opportunity included counties whose rankings in the following are highest among all 100 North Carolina counties:

- Total of 10 or more drug poisoning deaths in each of the past two calendar years; and
- Rate of drug deaths of 10 or more per 100,000 county residents in each of the two past calendar years; and
- Elevated rates in a combination of the following:
 - Emergency department visits due to drug overdose
 - Number of prescriptions per 100,000 county residents
 - Rate of prescriptions per 100,000 population
 - Rising rate of deaths due to heroin overdose.

Eligible applicants are community based substance abuse prevention providers or coalitions, in collaboration with a LME-MCO, which have a primary focus on substance abuse prevention whose service area includes any of the identified high need counties (Table 1). Applicants must work in collaboration with and demonstrate partnership with eligible substance abuse prevention providers, as well as local, community-based substance abuse prevention coalitions and/or faith based organizations. Table 1 includes eligibility requirements and the **minimum** documentation applicants must provide to meet eligibility criteria. ***Failure to meet any single eligibility criteria will cause the application to be deemed ineligible.***

Funds will be disseminated to successful applicant organizations, through the relevant LME-MCO. ***Separate applications must be submitted for each county for which services are proposed.***

Table 1: Eligibility Requirements

Required Item	Evidence Required/Where to Document
Provide Service in an Eligible High Need County: Applicants must propose to provide service, and have a demonstrated history of providing service in one of the following counties: Cabarrus, Davidson, Rowan, Rockingham, Brunswick, New Hanover, Robeson, Burke, Cleveland, Gaston, Iredell, Lincoln, Randolph, Haywood, Henderson, Wilkes	Section II: Applicant Information Statement of Assurance Statement of assurance signed by LME-MCO attesting to the applicant history of providing services to eligible counties.

<p>Six Month Existence</p> <p>The applicant organization or coalition must demonstrate that members have worked together on substance abuse prevention initiatives for a period of not less than 6 months at the time of the application.</p>	<p>Attachment B: Meeting Minutes</p> <p>Two sets of organization or coalition meeting minutes from meetings that occurred between October 1st, 2013 and March 30th, 2014.</p>
<p>Mission Statement</p> <p>The applicant organization or coalition must include in its mission the reduction of youth and young adult substance use.</p>	<p>Attachment C: Mission Statement</p>
<p>PFS Evaluation Requirement</p> <p>The applicant organization or coalition must agree to measure and report outcomes, established and approved by PFS Evaluators and DMHDDSAS. Applicants must demonstrate ability to comply with the PFS National Cross Site evaluation requirements.</p> <p>The applicant organization or coalition must demonstrate an ability to collect and report community-level core indicator data annually for the duration of the grant to identify risk factors and use trends among 12-25 year olds, and to determine progress toward reducing use rates and mitigating risk factors associated with nonmedical use of prescription drugs.</p>	<p>Attachment D: PFS Evaluation Requirements</p> <p>Attachment E: Letters of Commitment</p> <p>Attach letters of commitment from at least one middle school, one high school, and one community college that articulate their willingness to collect indicator data from young people for the purposes of PFS grant evaluation.</p>
<p>Eligibility to Receive Federal Grants</p> <p>Applicant organizations or coalitions must demonstrate non-profit status.</p>	<p>Attachment F: IRS 501 (c)(3) Tax Exempt Determination Letter</p>
<p>Project Budgets</p> <p>Project budgets must not exceed a combined total of \$200,000 for FY 14/15 and FY 15/16.</p>	<p>Attachment J and K: Project Budgets</p>

Funding Availability and Duration

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) provides funds for the North Carolina SPF-PFS grant for a five-year project period, renewable each year for the SPF-PFS. An annual total of \$1.2 million will be available to SPF-PFS sub-recipients, pending availability.

It is anticipated that 12 awards of up to \$100,000 will be made for FY 14/15 and 12 awards of up to \$100,000 for FY 15/16 to selected applicants located in high need counties, with renewable opportunities each year for two additional years (FY16/17 and FY17/18). Awards will be dispersed via allocation letter to LME-MCOs. Community based substance abuse prevention providers or coalitions with a primary focus on substance abuse prevention are eligible to receive this funding for each identified county in their catchment areas. ***Applicants must submit separate applications must be for each eligible county for which services are proposed.***

Funding for the North Carolina SPF-PFS program is contingent upon approval by DHHS, DMH/DD/SAS, as well as receipt of these federal funds from SAMHSA-CSAP.

Funding Mechanism	Allocation/ Contract
Funds will be dispersed to the LME-MCO which will contract annually with its identified substance abuse prevention provider agency and/or local community coalition(s).	Funding will be available annually contingent on fund availability, performance, fiscal management, quality management, outcomes and data submission.

****Note: Budget modifications proposed during the grant period must be approved by DHHS, DMH/DD/SAS.***

Expectations

To meet the goals of the SPF-PFS program, grantees are required to use the SPF process at the community levels to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate implementation and related outcomes (Step 5). Applicants **must** use the SPF process to ensure effective and sustainable prevention strategies to address prescription drug misuse and abuse among persons aged 12-25. Applicants are expected to:

- Designate a full-time grant coordinator position for this project.
- Describe how the applicant proposes to work with local community coalitions, community partners, LME-MCOs, and schools or institutes of higher education to: 1) build their capacity to address prescription drug misuse; and 2) select, implement, and evaluate evidence-based prevention programs, policies, and practices that best address prescription drug misuse and risk factors associated with prescription drug misuse.

- Use the following links as a point of reference for application development and proposed activities:
 - Factors Associated with Nonmedical Use of Prescription Drugs
http://captus.samhsa.gov/sites/default/files/capt_resource/factors_associated_with_nmupd_05-06-14.pdf
 - Risk and Protective Factors Associated with Nonmedical Use of Prescription Drugs
http://captus.samhsa.gov/sites/default/files/capt_resource/nmupd_rp_literature_review_final_10-22-13.pdf
 - Strategies and Interventions for Addressing the Nonmedical Use of Prescription Drugs
http://captus.samhsa.gov/sites/default/files/capt_resource/nmupd_strategiesandinterventionlitreview10-23-13.pdf
 - Strategies to Prevent the Nonmedical Use of Prescription Drugs
http://captus.samhsa.gov/sites/default/files/capt_resource/strategies_to_prevent_nmupd_04-22-14_0.pdf
- Implement a comprehensive prevention approach, including a mix of evidence-based programs, policies, and/or practices to best address prescription drug misuse.
- Participate in technical assistance and training related to the SPF-PFS grant and include related expenses in the project budget. This will include:
 - Month 1-6: 5 training days (4 overnight), and 2 learning community meetings (2 overnights).
 - Month 7-18: 4 learning community meetings (up to 4 overnights).
- Participate in a unified, umbrella health communication campaign for the prevention of prescription drug abuse. *DHHS, DMH/DD/SAS will develop and coordinate unified and effective campaign message(s) targeted at preventing prescription drug misuse. Successful applicants will utilize communication campaign messages and materials and include the cost of printing (or other distribution) in the project budget.*
- Utilize data to 1) identify subpopulations (*i.e.* racial, ethnic, sexual/gender minority groups) vulnerable to disparities and 2) implement strategies targeted to the identified group(s) to decrease disparities in prescription drug use rates among these subpopulations.

Evaluation Requirements

North Carolina is required to participate in the PFS National Cross-Site Evaluation, intended to measure the effectiveness of the PFS Program in reducing nonmedical use of prescription drugs. Applicants must agree to collect and report community-level data annually for the duration of the grant. **Successful applicants are required to provide data every year on the following core measures for nonmedical use of prescription drugs:**

1. Past 30–day use
2. Prior year use
3. Lifetime use
4. Perception of risk or harm of use
5. Perception of parental disapproval of use
6. Perception of peer disapproval of use
7. Perceived availability of prescription drugs for nonmedical use
8. Knowledge of prescription drug safety and disposal

** It is required that data be collected for at least one middle school grade and one high school grade level. Surveys instruments will be provided for PFS sites. Applicants must submit a letter of commitment from at least one middle school, one high school, and one community college that articulates their willingness to collect core indicator data from young people.*

Applicants **must** provide information about their ability to comply with the PFS Evaluation Requirements - **refer to Attachment D for more information**. The terms and conditions of the award will specify how the data are to be submitted and the schedule for submission using an online data reporting system.

Guidelines for Application Submission

Schedule of Events

Date	Event
October 24 th , 2014	Distribution of Invitation to Apply
November 6 th , 2014	Information Session; Last Day for Emailed Questions
November 13 th , 2014	Responses to Questions, General Clarifications Posted
November 24 th , 2014	Applications Due by 5:00 pm
December 17 th , 2014	Notification of Selected Applicants

Applicants must submit separate applications for each county for which they are requesting funding. Applications must be prepared in accordance with the instructions outlined in this section and elsewhere in this Invitation to Apply. The Division of MH/DD/SA Services must receive applications by close of business (5:00 pm) Monday November 24th, 2014. Please submit one (1) original and seven (7) hard copies to the address below:

Sarah Potter, Community Wellness, Prevention and Health Integration
Division of MH/DD/SA Services, 325 N. Salisbury St., Raleigh, NC 27603

Late applications will not be accepted. The Division will not be held responsible for the failure of any mail or delivery service to deliver an application prior to the stated due date and time. It is solely the applicant's responsibility to: (1) Ensure all required and necessary information, documents and attachments are included prior to submitting a response; (2) Ensure applications are received at the correct location and time. No faxed or emailed responses will be accepted.

An information session for eligible applicants will be held at Alamance Community College, Burlington, NC in the main auditorium on November 6th, 2014 from 10:00 am -1:00 pm.

Questions regarding this Invitation to Apply may be submitted either at the Information Session or via email no later than close of business (5:00 pm) on November 6th, 2014. Emailed questions should be addressed to pfs.inquiry@dhhs.nc.gov. Responses to any questions received via email will be on the DHHS website (www.ncdhhs.gov) by November 13th, 2014.

Application Format

Applications should be prepared as simply as possible and provide a straightforward, concise description of the applicant's capabilities, collaborations and partnerships. The entire Narrative, which includes the Assessment, Organizational Capacities, Planning Approach, Implementation Plan and Evaluation Plan sections must be no more than fifteen (15) pages and must be single-spaced in a minimum of 12-point font. An original signature is required in blue ink on the letter of transmittal. The application must be organized into the following major sections:

<u>Section</u>	<u>Title</u>
I	Letter of Transmittal on Agency Letterhead
II	Applicant Information
III	Program Narrative
IV	Budgets
V	Letters of Support
VI	Attachments

Section I: Letter of Transmittal

A letter of transmittal with the original signature of the organization director must be included.

Section II: Applicant Information

The following for each entity must be included:

LME-MCO

- Executive Director Name
- Prevention Designee/Point of Contact Name

Substance Abuse Prevention Provider(s)

- Prevention Provider Agency Name
- Prevention Provider Agency Executive Director Name
- Prevention Provider Contact for this Application with Email and Phone Number
- Prevention Provider Agency Address, Telephone and FAX Numbers
- Counties Served by Prevention Provider
- Prevention Provider Website Address

County/Community Coalition or Collaborative

- Coalition/Collaborative Agency Name
- Coalition/Collaborative Agency Director/Coordinator Name
- Coalition/Collaborative Agency Contact for this Application with Email and Phone
- Coalition/Collaborative Agency Address, Telephone and FAX Numbers
- County(ies) Served by this Coalition/Collaborative
- Collaborative Agency Website

Other Involved Key Stakeholder(s)

- Provide relevant information for other key entities that are involved with this project.

Section III: Program Narrative (maximum 15 pages, excluding attachments)

The following Program Narrative is to be completed according to the descriptions provided in each section below:

Assessment

- Describe the nature and extent of the prescription drug misuse and abuse in your community. Pay close attention to any identified target populations and trends. Include other risk and protective factors and the results of any community data, whether formal or informal, that document these public health burdens in your community.
- Provide an overview of the social, cultural and geographic factors that may play a role in encouraging or discouraging prescription drug misuse and abuse in your community.
- Describe the existing level of readiness in your community to address prescription drug misuse. Submit a “Community Readiness Assessment” (Attachment G).
- Provide a description of the demographic information, including number and race/ethnicity of youth and young adults aged 12 to 25 to be targeted, as well as the socioeconomic composition of the selected community or county.
- Describe the environmental factors that influence individual decisions to engage in nonmedical use of prescription drugs. For example, include *how*, *where* and *when* prescription drugs are made available in your community. These factors are often governed by formal and informal policies, such as customs, traditions, and norms.

Organizational Capacities

- Describe how the applicant agency is structured and managed. Please include an organizational chart (Attachment H).
- Identify the applicant organization Substance Abuse Prevention Point of Contact.
- Describe the broader workforce of all involved entities that will contribute to the success of this project and address any workforce development needs.
- Describe the community’s existing resources and any previous or current efforts to address the prescription drug problem discussed in the Assessment section. Include any developing or established efforts in this description.
- Describe the community partners that will participate in this project. Include a description of the partner’s current area(s) of focus.

- Demonstrate the commitment and capacity to deliver and focus on evidence-based primary prevention strategies and that address the target population and existing risk factors associated with prescription drug misuse in your community.
- Describe any training or other capacity building activities needed by any of the involved entities to ensure the success of this project.

Planning Approach

- Describe the applicant organization's experience in developing plans for implementation of best practices, programs and policies, including involvement in planning with other agencies.
- Describe the applicant organization's planning model for substance abuse prevention services.
- Discuss the proposed strategies that will be utilized to address nonmedical use of prescription drugs.
- Describe how cultural competence and health disparities will be addressed throughout all phases of the planning and implementation processes.

Implementation Plan

- Describe any previous efforts to implement evidence-based and promising practices, including environmental management strategies, to address prescription drug misuse and abuse in your communities.
- With primary prevention as a focus, describe plans to 1) implement a mix of evidence-based programs, policies and practices, to prevent the onset and reduce the progression of prescription drug misuse among the target populations; 2) strengthen prevention capacity at the community level; 3) engage key partners; and 4) address health disparities that exist in the target area.
- Provide an 18-month project timeline for January 1, 2015 – June 30, 2016 (Attachment I) that includes specific action steps and responsible parties to reflect the approach related to the SPF process for addressing prescription drug misuse and abuse. At a minimum, please address the following:
 - Conducting additional assessments of community needs and resources;
 - Analysis of the issue and development of specific goals and actions;
 - Developing and/or identifying interventions;
 - Advocating for change, influencing policy or community norms;
 - Implementing effective interventions, and;
 - Sustainability.

Evaluation Plan

- In this section, express your commitment to participating in the evaluation plan and data entry into the NC Prevention Outcome Performance System (NCPOPS), which includes a web-based system to track progress and outcomes.
- Describe the commitment from middle and high schools, and community colleges to collect local youth-reported data. Describe any existing survey instruments that are being used to

gather youth-reported data in the target area.

- Describe factors and outcomes that will indicate the efficacy of interventions and strategies implemented.

Section IV: Budgets

Up to \$100,000 per award, per year, is available for this project during state fiscal years 14-15, and 15-16. The budget should specify how funds would be spent, why these costs are justified and necessary to conduct the proposed initiative and that the costs are reasonable and appropriate for the level of effort proposed. Distinction should be made between start-up costs and an ongoing operating budget for this fiscal year. Applicants are not allowed to include indirect cost in the budget, as these are not allowable costs under the SPF-PFS grant. Allowable eligible expenditures are limited to direct project-related costs and cannot supplant any existing funding. As these are federal funds, recipients and sub-recipients must be non-profit entities.

Two (2) separate budget proposals must be submitted with this application. A budget should be submitted for the remainder of this state fiscal year 14-15, as well as for next state fiscal year 15-16. Each budget should be based on anticipated actual costs, and cannot exceed \$100,000 per fiscal year. Detailed line item budgets that provide justification for expenditures must be submitted utilizing the attached budget template (Attachments J and K).

Section V: Letters of Commitment

Applicants must demonstrate commitment from at least one middle school, one high school, and one community college that articulates their willingness to collect data from youth/young adults. Applicants must demonstrate collaboration with one or more of the following: substance abuse prevention provider agency, existing coalitions, or community organizations dedicated to and involved with initiatives to address the prevention of nonmedical use of prescription drugs. Evidence of such collaboration can be provided through attached letters of support or other similar attestations.

Section VI: Attachments

- Attachment A: Statement of Assurance
- Attachment B: Meeting Minutes
- Attachment C: Mission Statement
- Attachment D: PFS Evaluation Requirements
- Attachment E: Letters of Commitment and MOU
- Attachment F: IRS 501 (c)(3) Tax Exempt Determination Letter
- Attachment G: Community Readiness Assessment
- Attachment H: Applicant Organizational Chart
- Attachment I: Project Timeline
- Attachment J: FY 14/15 Project Budget
- Attachment K: FY 15/16 Project Budget

Application Evaluation Criteria – Maximum 100 Points

Assessment	Up to 20 points
Organizational Capacities	Up to 15 points
Planning Approach	Up to 20 points
Implementation Plan	Up to 25 points
Evaluation Plan	Up to 20 points
Budgets	Not scored
Letters of Support	Not scored

Selection and Notification Procedures

Applicants must demonstrate capability and capacity to implement their proposal by responding to all sections of this Invitation to Apply. Applications that are incomplete or do not follow the required format will be determined ineligible for review.

A Selection Committee comprised of various staff from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services will review each application that is received prior to the deadline and meets formatting and content requirements. Applications will be evaluated and scored as noted above. It is the Division's intent to provide funding for 12 separate county initiatives; however, only those applications that meet scoring and evaluative criteria will be funded. Continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of the award. Notification by email will be provided to all applicants by December 17, 2014, **regarding approval or disapproval of their application(s)**. Allocation letters for successful applications will be promptly processed and mailed to LME-MCOs for dispersal to funded applicants.

Attachment A: Statement of Assurance

As the authorized LME-MCO of [insert name of applicant organization], I assure the North Carolina Department of Health and Human Services that the applicant community based substance abuse prevention provider organization or coalition meet the eligibility requirements of providing substance abuse prevention services in an eligible county for a minimum of a six months.

I assure that SPF-PFS grant funds must be used for purposes supported by the program and in accordance with the law. Funds may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision.
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. Grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and are the minimum amount that is deemed necessary to meet program goals and to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Meals are generally unallowable unless they are an integral part of a conference grant. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pharmacologies for HIV antiretroviral therapy, (STD)/(STI), TB, hepatitis B and C, or psychotropics.

As the authorized LME-MCO, I assure that is this application is awarded, funds will be dispersed expediently to the applicant substance abuse prevention provider agency and/or local community coalition. I understand that funding is contingent upon availability.

Signature of Authorized Representative

Date

Attachment D: Evaluation Requirements

As Attachment D, the applicant must provide the information in the table below.

The North Carolina PFS Program collects data on eight (8) specific measures (core measures) to determine the effectiveness of the PFS Program. The measures are:

1. Past 30-day use
2. Prior year use
3. Lifetime use
4. Perception of risk or harm of use
5. Perception of parental disapproval of use
6. Perception of peer disapproval of use
7. Perceived availability of prescription drugs for nonmedical use
8. Knowledge of prescription drug safety and disposal

Each of the above core measures **must** be collected every year, in at least two grades between grades 6th-12th on prescription drugs. Awardees are allowed to collect other data as they see fit to meet their local evaluation needs. **NOTE:** It is recommended that data be collected for at least one middle school grade and one high school grade. Provide the following information to indicate ability to meet the PFS Evaluation requirements:

Table 26: PFC National Cross-Site Evaluation Requirements

Questions	Answer
Name of the existing survey(s) used to collect data required to obtain the core measures for nonmedical use of prescription drugs: <ol style="list-style-type: none">1. Past 30-day use2. Prior year use3. Lifetime use4. Perception of risk or harm of use5. Perception of parental disapproval of use6. Perception of peer disapproval of use7. Perceived availability of prescription drugs for nonmedical use8. Knowledge of prescription drug safety and disposal	
How often/when are surveys currently administered and collected?	
What, if any, supplemental survey(s) and/or data collection will be used to meet the PFS Evaluation requirements?	

Attachment G: Community Readiness Assessment

One of the goals of the NC PFS grant is to build community readiness and capacity for addressing nonmedical use of prescription drugs. Briefly answer the questions below to provide some indication about the level of readiness for the proposed service area. Note that these answers are reviewed for completion only.

- What types of alcohol, tobacco and other drug prevention programs and activities have occurred in your community? Please describe the efforts that are available in your community to address these issues.
- How long have these efforts been going on in your community?
- Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. What does the community know about these efforts or activities?
- What are the strengths of these efforts? What are the weaknesses of these efforts?
- Who do these programs serve? (For example, individuals of a certain age group, ethnicity, etc.)
- Would there be any segments of the community for which these efforts/services may appear inaccessible? (For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.)
- Is there a need to expand these efforts/services? If yes, why?
- What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? Are there segments of the community for which these policies, practices and laws may not apply (For example, due to socioeconomic status, ethnicity, age, etc.)?
- Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.
- How does the community view these policies, practices and laws?

Adapted from "Community Readiness: A Handbook for Successful Change". For more information visit the Tri-Ethnic Center at <http://triethniccenter.colostate.edu/CRhandbookcopy.htm>. Resource accessed 10/2/14.

Attachment J: FY 14/15 Proposal Budget

DMHDDSAS Program Budget Proposal and Budget Narrative for State Fiscal Year FY 14/15

Name of Applicant:

Name of Initiative:

Name of Contracted Agency Applicant:

Expenditure Budget:

Category	Expenses	Narrative Detail
		Add lines to detail each item as needed
Human Resources		
Salary/Wages/Benefits (total from Sheet 2)		
Contracted Personnel		
Consulting or other Professional Services		
Total Human Resources		
Equipment		Specify purchased or leased, one-time or ongoing expenditures
Communication (phones, fax, postage)		
IT (Computers, copiers)		
Vehicle		
Furniture		
Equipment Insurance		
Equipment Repair and Maintenance		
Other:		
Total Equipment		
Facility		
Rent		
Utilities		
Other:		
Total Facility		
Supplies and Materials		
Office Supplies and Materials		
Computer Supplies, Materials, and Software		
Janitorial Supplies and Materials		
Service Related Supplies and Materials		
Promotional Items		
Printing, Copying, and Reprints		
Data Collection and Evaluation		
Meetings Expenses		
Other:		
Total Supplies and Materials		
Travel		
Staff/Contract Personnel Travel		
Staff Lodging/Meals		
Total Travel		
Staff Development/Training		
Communications/Public Education		
Publications		
PSA/Ads		
Total Media/Communications		
Total Expenditures		

Other Funding Sources:

Category	Revenues	Narrative Detail
Total Revenues		

Attachment K: FY 15/16 Proposal Budget

DMHDDSAS Program Budget Proposal and Budget Narrative for State Fiscal Year FY 15/16

Name of Applicant:

Name of Initiative:

Name of Contracted Agency Applicant:

Expenditure Budget:

Category	Expenses	Narrative Detail
		Add lines to detail each item as needed
Human Resources		
Salary/Wages/Benefits (total from Sheet 2)		
Contracted Personnel		
Consulting or other Professional Services		
Total Human Resources		
Equipment		Specify purchased or leased, one-time or ongoing expenditures
Communication (phones, fax, postage)		
IT (Computers, copiers)		
Vehicle		
Furniture		
Equipment Insurance		
Equipment Repair and Maintenance		
Other:		
Total Equipment		
Facility		
Rent		
Utilities		
Other:		
Total Facility		
Supplies and Materials		
Office Supplies and Materials		
Computer Supplies, Materials, and Software		
Janitorial Supplies and Materials		
Service Related Supplies and Materials		
Promotional Items		
Printing, Copying, and Reprints		
Data Collection and Evaluation		
Meetings Expenses		
Other:		
Total Supplies and Materials		
Travel		
Staff/Contract Personnel Travel		
Staff Lodging/Meals		
Total Travel		
Staff Development/Training		
Communications/Public Education		
Publications		
PSA/Ads		
Total Media/Communications		
Total Expenditures		

Other Funding Sources:

Category	Revenues	Narrative Detail
Total Revenues		

